

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 539.3113.1
Application Number 10/691,859		Filed October 23, 2003
For MEDICAL LEAD AND METHOD		
Art Unit 3762		Examiner Alyssa M. Alter

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$460	\$225	\$ <u>460.00</u>
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five month (37 CFR 1.17(a)(1))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to credit any overpayment, to Deposit Account Number 061910.
WARNING: Information on this form may become public. Credit card information should not be included on this form.
 Provide credit card information and authorization on PTO-2038.

I am the

<input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR. 3.71.
	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>50,751</u> .
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.
	Registration number if acting under 37 CFR 1.34 _____

_____ /Elisabeth Lacy Belden/ Signature	_____ October 24, 2007 Date
_____ Elisabeth Lacy Belden Typed or printed name	_____ 612-492-7000 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 1 form is submitted.